



Considerations for Conducting Vaccination Clinics in Michigan



As a community vaccinator in the State of Michigan, there are certain regulations and professional standards of practice of which you should be aware. The Michigan Department of Community Health (MDCH) follows the general recommendations of the national Advisory Committee on Immunization Practices (ACIP), as well as its recommended immunization schedules for children, adolescents, and adults. ACIP statements are official federal recommendations for the use of vaccines and immune globulins in the United States and are published by the Centers for Disease Control and Prevention (CDC).

ACIP Recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

Standards of Practice: <http://aimtoolkit.org/>

Vaccine Storage and Handling

Correct vaccine storage and handling practices are critical to ensuring vaccine effectiveness. Community vaccinators must ensure the vaccines they administer are stored and handled properly at all times. Storage units should be in good working order and able to maintain appropriate temperatures. Dormitory-style storage units can **NEVER** be used to store vaccine under any circumstances. A 'Dorm style' unit is a small combination refrigerator/freezer unit with one exterior door and a small interior freezer. MDCH recommends using certified, calibrated thermometers (digital data loggers preferred) in both the permanent refrigerator and freezer storage units and in any temporary transport unit (e.g. coolers). Community vaccinators should be sure to have one staff member designated as the primary vaccine coordinator with a back-up vaccine coordinator. These people are responsible for ensuring all vaccines are stored and handled correctly.

Written policies and procedures for vaccine management should include the following:

- Maintain temperature logs for each permanent storage unit, and monitor and document temperatures twice a day.
- Develop an emergency response plan for compromised vaccines.
 - An emergency back-up plan during a power or equipment failure is an essential element of vaccine storage.
- Ensure vaccines are not stored in storage units or coolers with food or drinks.
- Maintain the temperature during transport and at vaccination clinics at all times.
 - Use properly insulated containers to transport vaccine.
 - These containers should be validated to ensure that they are capable of maintaining the vaccine at the correct temperature. CDC recommends using hard-sided plastic insulated containers or Styrofoam™ coolers with at least 2-inch thick walls.
 - If vaccine must be maintained in an insulated cooler during an off-site clinic, keep the cooler closed as much as possible.
 - Check and record the temperature of the temporary vaccine storage unit hourly. Additionally, the beginning and ending temperatures in this unit should be documented on a permanent log.
 - When returning to the office after a clinic, return all vaccines to the permanent storage unit.
 - Review the guidance ["Pack Your Cooler in Layers to Protect Refrigerated Vaccine."](#)
 - Other considerations include inventory control to monitor vaccine expiration dates. Inspect storage units weekly to ensure soon-to-expire vaccine is used first. Remove expired vaccine from the storage unit immediately. Ensure each storage unit has adequate space and that vaccine shipments are placed directly into the appropriate storage unit as soon as they are delivered.

- If temperatures go out-of-range or vaccine has possibly been compromised, DO NOT automatically discard the vaccine. Mark the exposed vaccine as “Do Not Use” and store in the appropriate storage unit, separate from all other vaccines. Call the vaccine manufacturers for guidance regarding the compromised vaccine. Contact your local health department (LHD) if Vaccines for Children (VFC) vaccine is involved.
- All staff should be knowledgeable of correct storage and handling guidelines.

To view CDC’s Vaccine Storage and Handling Toolkit visit:

<http://www.cdc.gov/vaccines/recs/storage/default.htm>

To learn more about vaccine storage and handling visit: <http://www.aimtoolkit.org/vaccine-management.php>

Administering Vaccines in Michigan

Appropriate vaccine administration is critical to vaccine effectiveness. The recommended site, route and dosage for each vaccine are essential.

Written policies and procedures for vaccine administration should include the following:

- Do not pre-fill syringes because there is an increased potential for:
 - Administration errors, bacterial contamination and inappropriate vaccine storage conditions.
- The person who draws the vaccine should also be the person who administers the vaccine.
- Always administer vaccines by the appropriate route and site.
 - A 5/8-inch needle should be used for subcutaneous injections.
 - A 1-inch or 1.5-inch needle should be used for intramuscular injections to children and adults.
 - Use professional judgment when selecting the needle length.
 - Base needle selection on intended route, size of individual, and injection technique.
 - When purchasing manufacturers’ pre-filled syringes, ensure the length of needle included is adequate for the population you plan to serve.
- Syncope has been reported during and after vaccination of adolescents.
 - To ensure safety, vaccine recipients should sit down during vaccination and remain sitting for 15 minutes after receiving immunizations.
- The key to preventing serious adverse reactions is screening.
 - Screen everyone for contraindications and precautions before administering a vaccine.
 - Effective screening is not complicated and can be accomplished with just a few questions.
 - Screening questionnaires are available at: <http://www.immunize.org/handouts/screening-vaccines.asp>.
- Any provider who administers vaccines should have procedures in place for emergency care of a person who experiences an anaphylactic (serious life-threatening) reaction.
 - At a minimum, epinephrine and equipment for maintaining an airway must be available. Community vaccinators should develop an emergency plan and assure all vaccine providers are familiar with it and are certified in cardiopulmonary resuscitation (CPR).

All staff who administer immunizations should be knowledgeable in every aspect of vaccine administration, including vaccine preparation, patient education, positioning, pain control, infection control measures and administration techniques.

Public Health Code Act 368 Sections 333.9204 and 333.17707 of 1978 discuss staff who can administer vaccines in Michigan: “A health professional other than a physician may administer an immunizing agent as long as the agent is being administered under the direction of a physician.”

- Standing orders are required from a Michigan-licensed physician who is responsible for the clinical practice of the vaccine operations.

The Vaccine Adverse Event Reporting System (VAERS) is a national safety surveillance program co-sponsored by the Food and Drug Administration (FDA) and CDC. All clinically significant adverse events that occur after vaccination should be reported to VAERS. Report these events even if you are unsure whether a vaccine caused them. Information regarding VAERS may be found at: <http://vaers.hhs.gov/index>.

For screening questionnaires for children and adults, examples of standing orders for vaccine administration and sample protocols for medical management of vaccine reactions, visit: www.aimtoolkit.org.

Vaccine Information Statements

Vaccine Information Statements (VIS) are information sheets produced by CDC that explain the benefits and risks of vaccination to vaccine recipients, their parents, or their legal representatives. Federal law requires that VIS be handed out whenever certain vaccinations are given, and Michigan law (Public Health Code Act 91 of 2006) requires that parents/vaccinees must be informed that their vaccination information will be entered into the Michigan Care Improvement Registry (MCIR).

- In Michigan, it is important that vaccine recipients, their parents, or legal representatives be given the Michigan versions of the VIS because they include important information about MCIR.
- VIS obtained from sources other than MDCH or a LHD do not contain information about MCIR.

Michigan-specific VIS can be obtained from your LHD or downloaded at: www.michigan.gov/immunize.

Documenting Vaccines Administered in the Michigan Care Improvement Registry

All federal guidelines regarding the documentation of vaccines should be followed. As a vaccinator in a community setting you are already aware that many people receive immunizations from multiple providers. Without access to accurate, consolidated patient immunization records, primary care and other providers find it difficult to determine which vaccines their patients need. MCIR was created to collect reliable immunization information for children, adolescents and adults and to make this information accessible to authorized users online.

- Public Health Code Act 91 of 2006 requires all immunization providers enter all vaccines administered to children less than 20 years of age into MCIR within 72 hours of administration.
- Reporting of adult immunizations into MCIR is highly recommended and is considered the gold standard in immunization practice to help prevent over or under vaccination in adults.
- Public Health Code Act 368 Section 333.9206 requires immunization providers to give a record of the vaccines administered to the parents/vaccinees.
 - This certificate should be in a form approved by MDCH.
 - Immunization record cards for children and adults can be obtained through your LHD or MDCH.
 - An official immunization record may also be printed from MCIR.
- Federal and state guidelines do not require a parent/patient signature to administer vaccines. However, health care providers have the option to obtain a signature. Check with your agency for their specific requirements.

MDCH recommends you access your patients' records in MCIR prior to vaccine administration to assure that they are eligible for the vaccine(s) you plan to administer.

For federal guidelines regarding documenting vaccines visit: www.aimtoolkit.org

To request access to MCIR visit: www.mcir.org

To order immunization record cards visit: www.healthymichigan.com

Offering All Age-Appropriate Vaccines

It is important to consider offering all age-appropriate vaccines to the populations you serve. Community vaccinators play a critical role in vaccinating hard-to-reach populations and protecting the community from vaccine-preventable diseases. Utilizing all available age-appropriate vaccines ensures community vaccinators never miss an opportunity to immunize. Familiarize your organization with CDC's recommended and catch-up immunization schedules for children, adolescents, and adults. Whenever possible, offer the broadest range of vaccines recommended for the populations your organization serves.

Referrals should be made for those populations that your organization does not serve, as well as for other needed vaccines not available through your clinics. Instruct staff on community immunization resources so [referrals](#) for needed vaccines can be made.

ACIP Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/index.html>

Timing & Coordination of Clinics

It is imperative that community vaccinators covering and serving similar geographic regions and populations work together to coordinate their vaccination clinics. If your organization does not vaccinate certain target populations such as pregnant women, older adults, or children, then you should be able to [refer those populations](#) to organizations who will serve them. It is vital to communicate and coordinate with your [local health department](#).

A special note on Flu Vaccination: You should be administering flu vaccine as soon as it arrives in your office. Flu vaccine should be administered until the flu vaccine expires (usually at the end of June). Materials on extending the influenza season are available at www.michigan.gov/flu.

Programs and Resources

Flu Advisory Board (FAB)

The purpose of the [Flu Advisory Board \(FAB\)](#) is to enhance communication during the flu season by deploying the appropriate resources in a timely manner and making rapid decisions about flu vaccine supply. FAB is comprised of over 150 members representing public and private health including nursing associations, health systems, health plans, private medical practice, health advocacy groups and local public health. Recently, the scope of FAB was expanded to include topics related to adult immunizations as well.

Inquiries regarding FAB membership should be made to Stefanie DeVita at DeVitaS1@michigan.gov.

Influenza Vaccine Exchange Network (IVEN)

The Influenza Vaccine Exchange Network (IVEN) can be used to post and search for surplus or needed private influenza vaccine inventory. Threads posted on the IVEN discussion board are to be used by licensed physicians, their staff, LHD officials, Visiting Nurses Association (VNA) members, home health care agencies, pharmacy staff, nursing homes, hospitals, and other health care or vaccine providers.

To request access to IVEN, contact MCIR staff at www.mcir.org.

Vaccines for Children (VFC) Program

The VFC program is a federal entitlement program, offering vaccines at no cost to children less than 19 years of age, who meet one of the following federal requirements: Medicaid eligible; have no health insurance

(uninsured); American Indian or Alaskan Native; underinsured and served at Federally Qualified Health Centers (FQHC) or Rural Health Center (RHC) and Michigan private provider offices.
For more information on the VFC program visit: www.michigan.gov/vfc.

Immunization Nurse Education (INE) Programs

MDCH offers nationally recognized immunization education programs, available free of charge, to immunization providers. Education sessions are presented by a nurse from the state or a LHD who are knowledgeable in immunization practices. Continuing education hours for nurses and physicians are available. All sessions are free of charge and can be brought to your office at a time convenient for you and your staff. INE sessions include:

Vaccines Across the Lifespan Immunization Update (all ages)	Giving Immunizations: Vaccine Administration and Pain Management
Adult Immunization Update (19 years and older)	Vaccines for Children Program (VFC)
Adolescent Immunization Update (Children 11 through 18 years of age)	Vaccine Management Storage and Handling
Infants and Children Immunization Update (Birth through 10 years)	Pediatric and Adult Influenza Update
Vaccinating Women Across the Lifespan (OB/Gyn Immunization Update)	

To request an INE session for your staff, contact Carlene Lockwood at lockwoodc@michigan.gov or 517-335-8159.

Alliance for Immunization in Michigan (AIM)

AIM is a non-profit, all-volunteer coalition of health care professionals, professional organizations and agencies that provide and promote immunizations across the life span. The AIM Provider Toolkit is a resource containing the most current standards of practice, forms, and vaccination methodologies for immunization in Michigan.

Inquiries regarding AIM meetings and AIM membership should be made to lockwoodc@michigan.gov.
For more information on the AIM Toolkit visit: <http://www.aimtoolkit.org/>.